## 2008 AUG 26 PM 1:47

| FOR INSTRUCTIONS, SEE BACK OF FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              | FORM                   | STATEMENT                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------|--------------------------------------|
| CHECK ONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IX TO LOWE                                   | DR-1<br>(Rev. 04/2008) | ORGANIZATION                         |
| This is an Initial* Statement of Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              | For Office Use Only    |                                      |
| This is an amended Statement of Organization  "An initial Statement of Organization must be filed within 10 days of the commit  "An initial Statement of Organization must be seen as a statement of Organization must be filed within 10 days of the commit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | toe's accepting contributions,               | Comm. #                |                                      |
| *An initial Statement of Organization must be filed within 10 days or the committee accepting within 30 days of making expenditures, or incurring indebtodness exceeding \$760. Amendments must be filed within 30 days of making expenditures, or incurring indebtodness exceeding \$760. Amendments must be filed within 10 days either a new or amended a change. Penalties may be imposed for late-filed Statements of Organization. A candidate with an open a change, and the within 10 days either a new or amended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Indexed                |                                      |
| a change. Penalties may be imposed for late-field Scattering State file within 10 day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rs either a new or amended                   | Computer               |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                        |                                      |
| A RABBOTT TO BUT AND A SALE I I I A so-religious compression must include the candidate's less name in the name of the contained of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                        |                                      |
| David Johnson for Sheriff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                        |                                      |
| OMMITTEE NAME + (Administration of the state |                                              |                        |                                      |
| IMPORTANT: Indicate type of committee you are reporting for: 5  (1) Statewide PAC (3) State Party (4) County Central Committee  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County PAC (9) City PAC (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (7) School Board or Other Political Subdivision Candidate (7) County Candidate (7) School Board or Other Political Subdivision Candidate (7) County Candidate (7) School Board or Other Political Subdivision Candidate (7) County Candidate (7) School Board or Other Political Subdivision Candidate (7) County Candidate (7) School Board or Other Political Subdivision Candidate (7) County Candidate (7) School Board or Other Political Subdivision Candidate (7) County Candidate (7) School Board or Other Political Subdivision Candidate (7) County Candidate (7) School Board or Other Political Subdivision Candidate (7) County Candidate (7) School Board or Other Political Subdivision Candidate (7) School Board or Other Candidate (7) School Board or Ot |                                              |                        |                                      |
| 44A VERNOAL BOSTEL OF CHARCE SUPCINISION FOR CONTRACT OF CONTRACT  |                                              |                        |                                      |
| COMMITTEE TREASURER (mandatory for all committees)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COMMITTEE CHAIR (TIRIT                       | datory except for A    | candidate's committee)               |
| Narro + DUNNA FLAHIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name + + ()ONNA                              | ZAHVE                  |                                      |
| Matting Address \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mailing Address + 205                        | 5.6RST                 |                                      |
| City, State 4 Zip Code 4 5 253/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City, State J Zip Code J                     | 52531                  |                                      |
| TI USI IA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Phone (4) 332 -2                             |                        |                                      |
| Phone (LYI) 932-2556                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of flatile Q fil                             | Mr inua Sosta          | bank com                             |
| e-Mail of 14h. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate bank. Com to Mail of Iah. Ve D first iou as tate |                                              |                        |                                      |
| INDICATE PURPOSE OF COMMITTEE - Check One Box (X) (Advocate to grainst build assure (a)  Comment of description: (Vining type Sheet 4-0) (Fire County/Local Candidates and Local Ballot Committees Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                        |                                      |
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| Office 9ought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | County: MO MRD (If active in multiple ballot | e de allega allega     | the list of countries                |
| Political Party (Fappicable) Democrat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (If active in multiple ballot I              |                        | ON HOL OF CONTINUES                  |
| District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date of Election:                            | e 3 200                | <u> </u>                             |
| Variable for Election: 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Candidate name & Address o                   | Parent Entity (PA      | Cs. if applicable).                  |
| Bank Account Name (must have contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10 ++                                        | ATTIMETE OF START      | 30[                                  |
| Daniel Johnson for Sheriff Committee  Name of Financial Institution/type of Account  Mailing Address  Name of Financial Institution/type of Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                        |                                      |
| Name of Financial Institution/type of Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                        |                                      |
| Name of Financial Institution Type of Account Checking acut.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 100 N                                        | 7 5 7 J                | Zip ↓ ↓                              |
| Mailing Address + +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City + +                                     | J4 1                   | r                                    |
| 19 Both AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                        |                                      |
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| ALBIA 19 5253/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | omail leiter 681                             | 0 a Homai              | 1.com                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                        |                                      |
| STATEMENT OF APPIRMATION: By filing this document the committee affirms the following:  1. The committee and all persons connected with the committee understand that they are subject to the laws in lower Code chapters 68A and 68B and the administrative  1. The committee and all persons connected with the committee understand that they are subject to the laws Administrative Code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                        |                                      |
| The committee and all persons connected with the committee understand the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | t they are subject to the laws in low        | # Code custieus sev    | third doth man his delivery          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                        |                                      |
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| imposition of other criminal and civil sanctions.  3. That Iowa Code section 68A,405 and rules 351—4,38 through 4,43 require to materials except for those tiems exempted by statute or rule. A committee that materials except for those tiems exempted by statute or rule. A committee that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | wishes to register a committee nam           | e for purposes of usit | ng the shorter "paid for by" and     |
| materials except for those items exempted by estatute or rule. A commission track does not intend to cross the \$750 filling threshold shall file the Form DR-SFA for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | m in Reu of fixing mis torre.                | - by all committees si | count for statewide and local ballot |
| 4. That lowe Code section 68A.503 and rules 351-4.44 through 4.52 prohibit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | THE LEGISTRY OF COLDONARD COLUMNS            | by an continuate of    |                                      |
| issue PACs.  5. A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.301 (hrough 68A.303 and rule 351—4.26.  5. A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.301 (hrough 68A.303 and rule 351—4.26.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                        |                                      |
| 6 That the committee will continue to file disclosure reports until all activity has onseed, committee plant, described to the committee will continue to file disclosure reports until all activity has onseed, committee plant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                        |                                      |
| dissolution (DR-3) has been med.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8-2                                          |                        |                                      |
| Mrs. Aleksant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 -                                          | 200                    |                                      |

8-25-08

Date Signed